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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted With Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	348-076
First Named Inventor	FRYKLUND, LINDA ET AL.
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Art Unit	
Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A METHODOLOGY OF ESTIMATING THE CONFORMATION OF A PROTEIN BY PROTEOLYSIS

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) 11/04/2003 as United States Application Number or PCT International

Application Number PCT/GB2003/004740 and was amended on (MM/DD/YYYY) 01/10/2005 (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
0226441.4	GB	11/12/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCT/GB02/005112	GB	11/12/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0308242.7	GB	04/10/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0308238.5	GB	04/10/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance completing the form, call 1-800-PTO-9199 and select option 2.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: The address associated with Customer Number: 001009 OR Correspondence address below

Name

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

LINDA

FRYKLUND

Inventor's Signature

Date

Residence: City

State

Country

Citizenship

STOCKHOLM

SWITZERLAND

SWISS

Mailing Address

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STOCKHOLM

State

Zip
S-112 87Country
SWITZERLAND**NAME OF SECOND INVENTOR:** A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

MARK

LEWIS

Inventor's Signature

Date

Residence: City

State

Country

Citizenship

CARDIFF

GREAT BRITAIN

GB

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Zip

Country

CARDIFF

CF 14 4XN

GREAT BRITAIN

Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**

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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
DAVID		COOPER	
Inventor's Signature		Date	
CARDIFF Residence: City	State	GREAT BRITAIN Country	GB Citizenship
UNIVERSITY OF WALES COLLEGE OF MEDICINE, INSTITUTE OF MEDICAL GENETICS, HEATH PARK			
Mailing Address			
CARDIFF City	State	CF 14 4XN Zip	GREAT BRITAIN Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country

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